(e) and (f) The trained para-medical staff are available in all the Central Government Hospitals.

Iodised salt and goitre

†376. SHRI SURENDRA LATH:
SHRI KRIPAL PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the methodology to prove that non-iodised salt plays a vital role in causing goitre and mental retardation in children in the country;

(b) whether it is a fact that Government have no means to prevent the diseases caused due to consumption of excess quantity of iodine by using iodised salt;

(c) if so, the rationale behind making the sale of iodised salts compulsory; and

(d) the reasons for Government's intention for initiating an international debate on the issue instead of doing it at the national level?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) It is well established medical fact that nutritional iodine deficiency results in a spectrum of diseases designated as Iodine Deficiency Disorders (IDD) which include goitre, mental and physical retardation, still birth, neuromotor defects, cretins etc. Most of the Iodine deficiency disorders are permanent and incurable in nature except a few types of goitre, but all these can be prevented by regular consumption of iodised salt.

In our country, the iodine level in salt at the consumption level is 15 ppm (parts per million) while at production level it is 30 ppm. The average consumption of iodised salt per person per day is 10 gm. Thus the possibility of excess consumption of iodine through iodised salt does not arise. The iodine level of iodised salt is absolutely safe. In Japan, the consumption of iodine is upto 3000 microgram per day and they have not

†Original notice of the question was received in Hindi.

noticed any ill effects including iodine induced hyperthyroidism. Further the excess of iodine in the body is excreted in urine which is measured as urinary iodine excretion.

About 92 countries are implementing compulsory iodisation of salt. Iodised salt is the most effective and cost effective way to prevent and control this problem. This has been well documented by WHO and UNICEF. The iodine deficiency disorders are prevalent in the entire country and no State/UT is free from goitre and other IDD. These were the reasons that led to the Governments took decision to ban the sale of non-iodised salt for direct human consumption as a public health measure.

Scrapping of CGHS

377. PROF. M.M. AGARWAL:
SHRI S. ANBALAGAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Central Government Health Scheme is proposed to be scrapped;

(b) if so, the reasons therefor and the time by which it is likely to be scrapped;

(c) the cities/towns where CGHS is in operation at present and the manner in which medical/health needs of the Central Government Employees are covered;

(d) whether CGHS is to be replaced by another scheme;

(e) if so, the details thereof and the reasons therefor;

(f) whether insurance companies would be able to provide better health service to the employees; and

(g) if so, the justifications therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir.

(c) The Central Government Health Scheme was initially started in Delhi. At present CGHS facilities are available in 24 cities throughout the country